SAARC Tuberculosis and HIV/AIDS Centre (STAC)

Thimi, Bhaktapur, Kathmandu, Nepal

Application Form for the Post of Epidemiologist (Professional)

Photograph

INSTRUCTIONS: Please fill up the Form completely and clearly. Type or print in ink. If needed, additional pages may be attached. Be sure to sign and date the Form.

1. Name (As per Certificates)

2. Present Address

3. Mailing Address (if separate from present Address)

4. Permanent Address

5. (a) Place of Birth (b) Date of Birth

Day Month Year

6. (a) Citizenship at Birth (b) Present Citizenship

7. Sex (tick appropriate): Male Female

8. Marital Status (tick appropriate):

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

9. Have you any dependant/s? ☐ Yes ☐ No

If the answer is "Yes" provide following information:

Name	Date of Birth	Relationship

10. Have you taken up legal residence status in any country other than that of your nationality?

☐ Yes ☐ No

If the answer is "Yes" which country?

11. Have you taken any legal steps towards changing your present nationality?

☐ Yes ☐ No

If answer is "Yes" explain fully

12. Education; Furnish details

A. General Education: University/College Level

Name and Place of Institute	Degree/Diploma*	Year	Main Subject(s)

*Please attach the copies of mark sheets & certificates

12. B. Professional Education/Experience

General Education: University/College Level

Name & Place of Institute	Degree/Diploma	Year	Fields of study

*Please attach the copies of mark sheets & certificates

13. State your professional competence/experiences in the field of Tuberculosis and HIV/AIDS at Regional/National level (including surveillance, epidemiology, research). *Use additional sheets of paper, if required.*

14. Language Proficiency (tick appropriate)

	Excellent	Good	Fair
English			
Others			

15. Experience in International/Regional Organizations in the field of TB and HIV/AIDS Laboratories.

Name and Address	**Position**	**From -To**	**Nature of work**

*Please attach supporting document/s.

16. List of Professional societies and activities in civic, public or international affairs

17. List of publications in the related fields (research, operational research, clinical trials, surveillance, epidemiology) (Attach or quote references of Journals, books, etc.). *Use additional sheets of paper, if required.*

18. Employment Record: Starting with your present or most resent post, list in reverse order every employment in government service during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. *Use additional sheets of paper, if served in more than two organization.*

Date: _____ Salaries per annum (Excl…Allowances) Exact title of your post

From _____ Starting Present

To (Present) _____

Name of Supervisor Allowances, etc Duty Station

Name of Employer Total Tax Number & Kind of employees supervised by you

Address of Employer Net Salary Reason for leaving If applicable

Description of your work

Date: _____
From _____
To (Present) _____

Salaries per annum (Excl. Allowances)
Starting
Present

Exact title of your Post

Name of Supervisor

Allowances. etc

Duty Station

Name of Employer

Total Tax

Number & Kind of employees supervised by you

Address of Employer

Net Salary

Reason for leaving
If applicable

Description of your work

19. References: List three persons not related to you who are familiar with your Character and qualification.

Full Name & Designation	Full Address with Tel, Fax/Email	Occupation/ Designation

20.Have you any objections to making inquires with your present employer?

21. Legal Convictions (include all convictions other than those for minor violations of road traffic qualifications:

Charge	Date	Where tried	Conviction

22. State any other relevant facts, include information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc. Also state any disabilities which might limit your field of work. Final appointment will be subject to physical examination.

I certify that the statements made by me in the foregoing items are true, complete, correct to the best of my knowledge and belief. I understand that any false statement or any required information withheld form this Form may provide grounds for the withdrawal of any offer of appointment or dismissal if an appointment has been accepted.

Date: _____ Signature: _____

Place: _____

STAC/Epid.06/2022/

RECOMMENDATION OF CANDIDATE'S EMPLOYER

I do hereby certify that Dr./Mr./Ms/Mrs._____

_____ of_____

_____

shall be released on deputation to join the SAARC Tuberculosis and HIV/AIDS Centre (STAC), Kathmandu, Nepal as per stipulated date if he/she is appointed as _____

Signature:_____

Date;_____

Name:_____

Designation:_____

Institution:_____

_____
Office Seal

STAC/Epid.06/2022/

RECOMMENDATION OF THE CONCERNED MINISTRY

I do hereby certify that Dr./Mr./Ms/Mrs._____

_____ of the Ministry of_____

_____

shall be released on deputation to join the SAARC Tuberculosis and HIV/AIDS Centre (STAC), Kathmandu, Nepal as per stipulated date if he/she is appointed as _____

Signature:_____

Date;_____

Name:_____

Designation:_____

_____
Office Seal

Attachment:

i. Copies of all the Certificates of Academic Qualifications
ii. Copy of Experiences Certificates
iii. List of publications in the field of Tuberculosis and HIV/AIDS (research, operational research, clinical trials, surveillance, epidemiology) **-Attach or quote references of Journals, books, etc.)**
iv. Copies of Certificates of Trainings of related field.
v. Copy of CV.
vi. Recommendation of Candidate's Employer
vii. Recommendation of concerned Ministry